

2007 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
May 01, 2007 8:00 am
Secretary of State

05-01-2007 90046 027 ***150.00

DOCUMENT # P98000106621

1. Entity Name
LANTERN, INC.



Principal Place of Business
**1024 TWIN LAKES DRIVE
CORAL SPRINGS, FL 33071**

Mailing Address
**1024 TWIN LAKES DRIVE
CORAL SPRINGS, FL 33071**

2. Principal Place of Business - No P.O. Box #
**10619 W. Atlantic Blvd
Suite, Apt. #, etc. #230**

3. Mailing Address
**10619 W. Atlantic Blvd
Suite, Apt. #, etc. #230**



04302007 Chg-P. CR2E034 (12/06)

City & State
Coral Springs, FL
Zip
33071 Country
USA

City & State
Coral Springs, FL
Zip
33071 Country
USA

4. FEI Number
65-0892760

Applied For
☐ Not Applicable

5. Certificate of Status Desired ☐ **\$8.75 Additional Fee Required**

6. Name and Address of Current Registered Agent

**LANDBERG, MITCHELL
1024 TWIN LAKES DRIVE
CORAL SPRINGS, FL 33071**
**10619 W. Atlantic Blvd
#230
Coral Springs, FL 33071**

7. Name and Address of New Registered Agent

Name
Street Address (P.O. Box Number is Not Acceptable)
City
FL Zip Code

8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when restate.)

DATE

**FILE NOW!!! FEE IS \$150.00
After May 1, 2007 Fee will be \$550.00**

9. Election Campaign Financing
Trust Fund Contribution. ☐

**\$5.00 May Be
Added to Fees**

10. OFFICERS AND DIRECTORS

TITLE
D
NAME
LANDBERG, MITCHELL
STREET ADDRESS
1024 TWIN LAKES DRIVE
CITY-ST-ZIP
CORAL SPRINGS, FL 33071

☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

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CITY-ST-ZIP

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11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE
D
NAME
Landberg, Mitchell
STREET ADDRESS
10619 W. Atlantic Blvd #230
CITY-ST-ZIP
Coral Springs, FL 33071

☒ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

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STREET ADDRESS
CITY-ST-ZIP

☐ Change ☐ Addition

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

4-30-07